



**RECIPROCAL APPLICATION FOR  
FUNERAL DIRECTOR EXAMINATION**

State Form 45821 (R2 / 4-03)

Approved by State Board of Accounts, 2003

**LICENSE FEE: \$50.00**

State Board of Funeral and Cemetery Service  
302 West Washington Street, Room E034  
Indianapolis, Indiana 46204  
317-232-2980  
[www.in.gov/pla](http://www.in.gov/pla)

\* Your Social Security number is requested to facilitate cross checking and verification purposes as attested in IC 4-1-8-1; disclosure is mandatory. The number will be given to the Department of Revenue.

Name of applicant	Social Security number*
Address (number and street, city, state, ZIP code)	
Telephone number	